DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Service

Indian Health Service
Rockville MD 20852

MAR 2 9 2002

TO: Assistant Secretary for Administration and Management

FROM: Director

SUBJECT: Update on Indian Health Service Restructuring Plan -- INFORMATION

This memorandum 1) summarizes the approach by Indian Health Service (IHS) to address the Department's restructuring initiatives, 2) provides an update on the progress of Tribal consultation and participation in the IHS restructuring process, and 3) describes the reasons for the delay in submitting an agency restructuring plan.

Background

The IHS also has an obligation to consult with Indian Tribes when initiatives, such as the Secretary's "one HHS" goals, may significantly affect Indian health programs or Tribal programs. This obligation arises from legislation, formal rules, Agency policy, and Executive Orders, and a long standing Agency practice of consulting with Tribes before taking actions that significantly impact their communities. Based on previous experience in constituent-driven Agency restructuring, the IHS believes that organizational change is best accepted when it is lead by the people who do the work and who use the services.

In 1993, the IHS first internally recognized the need for restructuring. In 1995-1997, the IHS formally undertook a restructuring process to address internal and external changes affecting the Indian health care system, incorporate business practices that would improve the Agency's ability to effectively and efficiently operate in a climate of change, and ensure access to healthcare for the 1.5 million American Indians and Alaska Natives served by IHS-funded programs. The redesign process was based on an active partnership with American Indian and Alaska Native people to reflect Indian Country priorities. It was the first time that Indian people guided the process to design a healthcare system that works best for them and the first time since the IHS was created in 1955 that the Agency was redesigned, a process that went beyond restructuring what was already in place.

The resulting plan outlined a new way of doing business. It emphasized relinquishing paternalistic controls in favor of providing essential support services by shifting authorities, staff, and resources as close as possible to the level where care is delivered. The goal was to further empower local leadership to better adapt the community-based health delivery programs to the widely varying conditions and health needs found among Indian communities. The IHS has

continued restructuring since the mid-1990s in response to Tribal self-determination advances, which have shifted almost 50 percent of the Agency's resources through self-determination contracts and self-governance compacts to Tribally operated and managed programs.

Because of continued restructuring, the Agency has made great strides in streamlining both functions and staffing. The FTE charts attached at Tab A demonstrate some of the workforce streamlining resulting from continued restructuring. Both the Indian health system and the external operating environment have evolved since the last restructuring effort, and key Indian health stakeholders believe it is appropriate to revisit the IHS' structure again in view of the changing circumstances and the Department's management initiatives. The key stakeholders in Indian health realize that forces of change will continue to exert influence on Indian health programs in coming years.

Current Status

In February 2002, the Agency started the formal process of strengthening the Indian healthcare system by charging a new Restructuring Initiative Workgroup composed of 12 Tribal leaders, 4 representatives from national Indian organizations, and 4 IHS executives. (See my letter to Tribal Leaders announcing the Workgroup at Tab B.) The Workgroup is reviewing a range of possibilities to develop recommendations to realign the delivery of healthcare services to meet current and anticipated changes in the national environment. The Workgroup, co-chaired by Kathleen Annette, M.D., Bemidji Area IHS Director, and Mr. Joseph A. Moquino, Council Member, San Juan Pueblo, will accomplish its charge through required consultation with and involvement of Tribes. The Workgroup has met twice and plans to meet through October to complete its full charge. They will periodically communicate their progress to key stakeholders and Indian Country (see Tab C).

Proposal

The Workgroup is addressing the President's government-wide management reform agenda and the Secretary's cross-cutting restructuring initiatives within the context of changing circumstances and priorities of Indian people. They will submit recommendations to the Agency and Indian people in June focused on these reforms and initiatives and the effects of these reforms. The Workgroup will continue to complete the remainder of its charge and submit more recommendations in October (see my decision to extend the timeline for completing their charge at Tab D). The recommendations will address management improvements, workforce planning, and consider IHS inherent authorities, functions, and activities to effectively carry out its responsibilities as a Federal agency in the HHS. Until the Workgroup completes its charge, I propose to continue a workforce hiring plan similar to the one described in my March 26, 2001, memorandum on hiring controls and workforce plans for FY 2001 and in the FY 2003 budget documents.

Hiring Plan

On a parallel track, the IHS has reviewed its hiring plan submitted in November 2001. In our plan, we proposed the filling of all direct patient care positions that are or may become vacant in the service units and all positions at GS-12 and below. Requests to fill vacant critical nonsupervisory/managerial positions GS-13 and above at Area Offices and Headquarters that do not fit into direct patient care continue to be reviewed by a management advisory board (hiring controls) at Headquarters. We have been prudent and judicious about approving any positions at that level and have given special consideration to those positions that fall within the administrative support functions, e.g., human resources, budget, information technology, procurement, grants management, finance, and public and legislative affairs. For supervisory/managerial positions at GS-14, 15, SES, and equivalent levels, we have been submitting requests to the HHS according to the hiring controls and Office of the Secretary approval requirements. All requests to fill vacancies have come under the general scope of restructuring priorities.

Issues/Expectations

Even though the IHS must allow time for adequate Tribal participation and involvement in the restructuring process, I am confident that this process will produce a product that will complement and further the Administration's overall management goals.

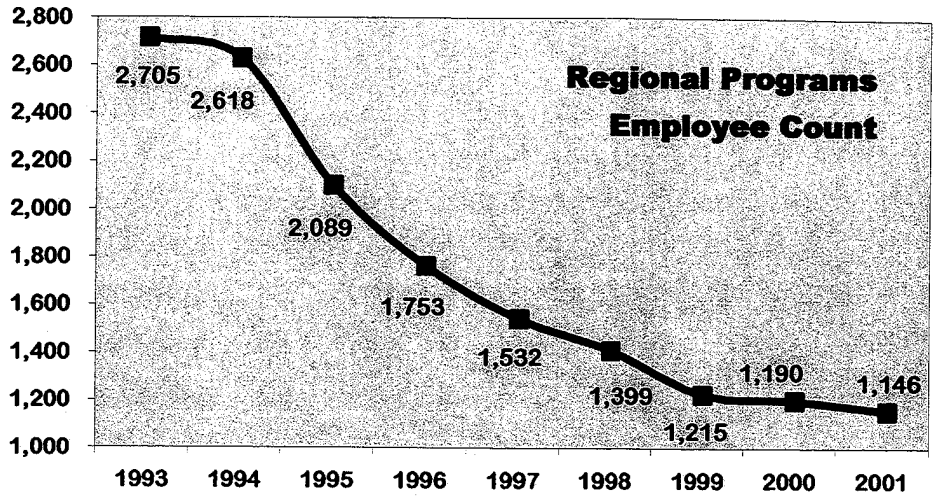
Michael H. Trujillo, M.D., M.P.H., M.S.
Assistant Surgeon General

4 Attachments:
Tab A--FTE Trends Charts
Tab B—Letter to Tribal Leaders Announcing the Establishment of the Restructuring Initiative Workgroup
Tab C—An Update to Indian Country from the Restructuring Initiative Workgroup
Tab D—Memorandum Extending the Workgroup's Timeline

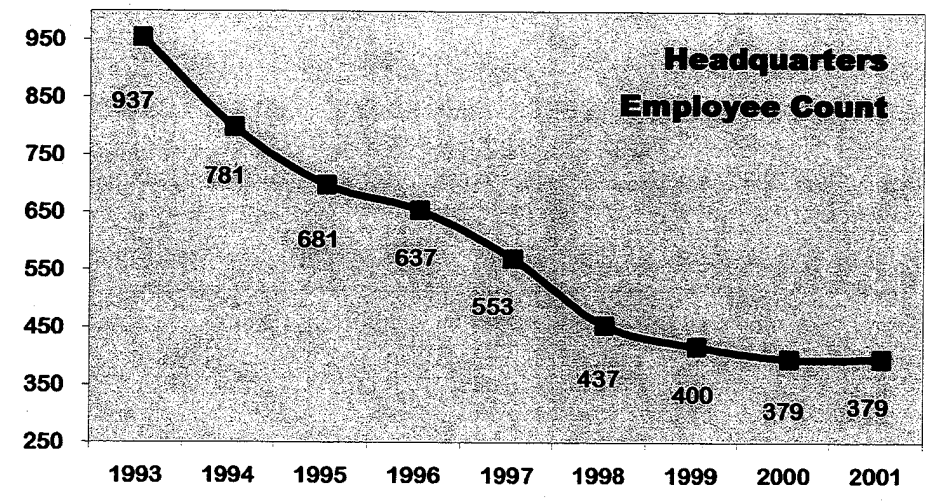
TAB A

Indian Health Service Workforce Realignment
1993-2001

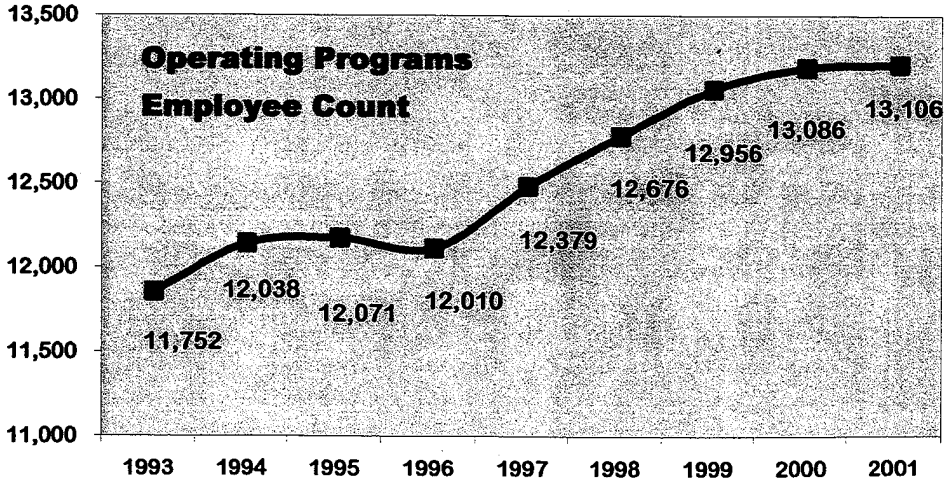
Area Office workforce declined by 1,559 (-58%)



Headquarters workforce declined by 558 (-60%)



Service Units workforce increased by 1,354 (+12%)



TAB B

DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Service

Indian Health Service
Rockville MD 20857

DEC 1 3 2001

Dear Tribal Leader:

Six years ago the Indian Health Design Team (IHDT) guided a process to design an Indian health system and issued 42 recommendations on how the Indian Health Service (IHS) should organize and function. As a result of that redesign effort, the IHS has made great strides in streamlining both functions and staffing by implementing most of the IHDT recommendations. Because change, both internal and external, continues to impact the Indian health care system, I believe it is appropriate to revisit IHS' present structure and the previous IHDT recommendations in order to strategically plan for what the next 5 years could bring to the Indian health care system composed of the IHS direct, tribal, and urban programs (I/T/U).

Many of our best ideas and work have been produced through joint Tribal/Federal workgroups. I am enclosing a draft charge for a Workgroup to address the assessment and future function of the Indian health care system composed of the I/T/Us. I have directed IHS Area Directors to meet with their respective Area Tribal Leaders to select an Area Tribal Leader representative and an alternate from each of the 12 IHS Areas to serve on the Workgroup. In keeping with the present IHS Tribal consultation policy, the Workgroup will have a tribal co-chair and a Federal co-chair. The tribal co-chair will be selected from among the Area Tribal Leader representatives and representatives from each of the following national Indian organizations: the National Indian Health Board, the Tribal Self-Governance Advisory Committee, the National Congress of American Indians, and the National Council of Urban Indian Health. Kathleen Annette, M.D., Director, Bemidji Area IHS, has accepted the role as the Federal Co-Chair.

I will officially announce the formation and membership of the Workgroup by the beginning of January. The first meeting will be convened in February 2002 in the Washington, D.C. area. You can follow workgroup's progress by checking Restructuring Initiative postings in the Nationwide Programs and Initiatives section of the IHS website (www.ihs.gov). Before adopting any recommendations that significantly affect the Indian health system, I assure you that representative views from Indian country will be considered and any design changes to the IHS will be made to advance the health of all American Indian and Alaska Native people.

I look forward working with you on this important project. Thank you for your continuing interest in the IHS and your efforts to improve the health of our people.

Sincerely yours,

Michael H. Trujillo, M.D., M.P.H., M.S.
Assistant Surgeon General
Director

Enclosure

DRAFT CHARGE
Restructuring Initiative Workgroup

A. BACKGROUND

In 1995-1996, the Indian Health Design Team (IHDT) guided the process for designing a new Indian Health Service (IHS) by issuing recommendations in their November 1995 and January 1997 reports, "Design for a New IHS." The IHDT design process was the first attempt in 40 years to change the overall structure of the IHS to make it work better for Indian people. The process to develop functional and structural recommendations was based on partnership with and participation by American Indian and Alaska Native people to reflect Indian country priorities. It was the first time that Indian people guided the process to redesign a health care system that would work best for them.

The IHDT provided specific recommendations for how the IHS should organize and function. The recommendations outlined a new way of doing business. The emphasis in the first set of IHDT recommendations was on relinquishing paternalistic controls in favor of providing essential support services to Indian health programs at the area and community level. Shifting bureaucratic authorities, staff, and resources outward through the organization was a key feature of the design. The goal was to further empower local leadership to better adapt the health delivery programs to the widely varying conditions and health needs found among Indian communities.

The majority of IHDT recommendations have been implemented throughout the IHS during the past six years. The Agency has made great strides in streamlining both functions and staffing through its redesign efforts. However, the environment is never static. Both the Indian health system and the external operating environment have evolved since the original IHDT recommendations were presented six years ago. The forces of change will continue to exert their influence on Indian health programs in coming years.

With the changes that have accumulated during the past six years, accelerating developments during 2001 and uncertain trends for the future comes a need to revisit plans for the Indian health system. For instance, the President's government-wide management agenda establishes new expectations for IHS. For these reasons, it is time for American Indian/Alaska Native people to once again address the structure and performance of the IHS and to strategically plan for the next five years.

B. DRAFT CHARGE

The overall charge is to identify changes to the design of the Indian health system that will best enable accessible and acceptable health care services for American Indians and Alaska Natives during the next five years.

In accomplishing the overall charge, identify design options and recommendations to address the following issues:

1. Forces in the operating environment expected for the next five years including:
   - growth and shifts in the Indian service population,
   - health care costs and economics,
   - IHS budget forecasts,
   - new legislative authorities or Indian health laws,
   - additional trends in Indian self-determination, and,
   - other forces that you may identify.
2. Reconsider the original guiding principles and nine design themes that shaped the first set of IHDT restructuring recommendations. See Tab A, Attachment 1: Guiding Principles and Attachment 2: Design Themes. Are these principles and themes adequate for the next five years? Also evaluate the extent to which IHDT I recommendations were successfully implemented and what should be done with any unimplemented recommendations.
3. Consider the current President's management agenda and the present cross-cutting restructuring initiatives of the Department of Health and Human Services (HHS). These initiatives include reducing the number of managers, reducing organizational layers, reducing time to make decisions, increasing span of control, and shifting employees to direct delivery roles where possible. Identify options and recommendations for addressing these restructuring proposals in IHS restructuring.
4. Consider expectations of Indian patients, communities, and leaders in your vision for how the Indian health care system should evolve during the next five years.

Assess options for addressing the above issues from a broad perspective considering representative views from throughout Indian country. Endeavor to recommend design changes to IHS that will advance the health of all Indian people. Please submit your Restructuring Initiative Workgroup report and recommendations to the Director, IHS, by June 1, 2002.

Before adopting any recommendation that significantly affects Indian health programs, the IHS may seek further review and comment directly from tribal leaders, various Indian health organizations, and Indian people.

C. WORKGROUP COMPOSITION AND PROCESS

The most essential feature of earlier IHDT design process was the partnership and participation of stakeholders in American Indian and Alaska Native health such as tribal leaders, IHS employees, and Indian people. This process has been further strengthened during recent years. Consequently, a key role of workgroup members is to guide the planning process, represent the broadest possible views from Indian country and leadership, and make certain that the process provides an opportunity for review and feedback.

1. The workgroup will include no more than 20 members. Following principles outlined in IHS' present consultation policy, the membership will be composed of:

    - Twelve representatives from the ranks of tribal leaders recommended by the tribes in each of the twelve IHS Areas
    - Four representatives recommended from within each of the four national Indian organizations (National Indian Health Board, Tribal Self-Governance Advisory Committee, National Congress of American Indians, and the National Council of Urban Indian Health)
    - Three to four members to represent an IHS program focus, and IHS administrative focus, an employee/workforce focus, and possibly an ex-officio representative from HHS to advise the workgroup.

2. A tribal and a Federal workgroup member will serve as workgroup co-chairs in keeping with the partnership theme. The Director, IHS, will appoint the Federal co-chair and tribal workgroup members will elect the tribal co-chair. In addition to workgroup member responsibilities, the co-chairs are responsible for conducting workgroup meetings, assuring equal opportunity for expression of views from all workgroup members, assigning needed work to appropriate support staff, and for submitting the final report by June 1, 2002.

3. A facilitator will be assigned to the workgroup and will have responsibility working with the co-chairs to assure issues are moved forward and considered in an open and fair manner. The facilitator will recommend a process and ground rules to the workgroup for adoption. Each meeting of the workgroup will also have a recorder to assure an accurate and prompt accounting of the proceedings of workgroup meetings.

4. A meeting and work schedule will be determined at the first formal meeting of the workgroup. Logistical support for meetings will be provided or arranged through a contract by IHS Headquarters.

5. Technical support staff will be assigned to the workgroup to prepare materials, conduct analyses, and draft proposals, papers, and reports for workgroup approval. Technically demanding work and analysis needed by the workgroup may be assigned to specialized ad-hoc staff (both tribal and Federal employees) when necessary. Technical support staff designated for the workgroup by the IHS is Cliff Wiggins, Rae Snyder, Dr. Terry Cullen, Nancy Miller-Korth, and Vic Mosser. Tribal support staff to the workgroup may be named by tribal workgroup members, if needed.

6. To facilitate prompt availability of information to workgroup members, the IHS, tribal leadership, and the public, all workgroup documents will be posted on a website accessible from the internet. The workgroup technical support staff are responsible for maintaining the website including relevant IHS, HHS, and Office of Management and Budget (OMB) documents, workgroup updates, meeting schedules and summaries, design proposals and analyses, reports and

recommendations. The website may be accessed in the National Programs and Initiatives section of the IHS website (www.ihs.gov).

7. The workgroup's final report and recommendations to the Director will be presented and shared for tribal consultation as outlined in IHS Circular No. 2001-07, Tribal Consultation and Participation Policy.

D. PRODUCTS

Please submit a written report to the Director, IHS, by June 1, 2002. The workgroup's report should contain your assessment of the issues outlined in the section B above and in HHS and OMB directives on restructuring and workforce planning for FY 2002 and beyond. Describe the design options you considered and the changes to IHS' organizational structure and functions that the workgroup recommends. The recommendations should address the Administration's management improvement initiatives, HHS restructuring activities and workforce planning; and, consideration of the IHS inherent authorities, functions, and activities to effectively carry out its responsibilities as a Federal agency in the HHS.

When recommending changes to IHS' organizational structure or functions also include:

1. Organizational charts showing:
   - Change from the baseline levels
   - Staffing structure

2. Estimates for costs and/or savings:
   - First year
   - Over 5 years from implementation

3. Human Resources management tools and flexibilities needed to implement

4. Timetable for implementation actions

5. Anticipated improvements resulting from the changes
   - Work processes that can be accomplished by the proposal
   - By fiscal year
   - Means for measuring progress

E. BUDGET

The budget for conducting activities of the workgroup is $175,000. The budget is intended to reimburse travel and per diem costs of workgroup members, any tribal technical support staff performing specialized work for the workgroup, and for the logistical costs of meetings. Because this budget is limited, the workgroup should take

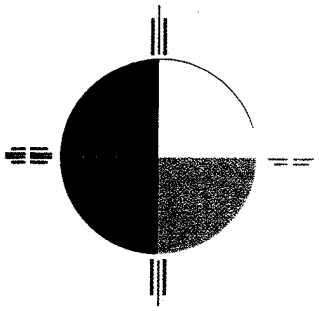
reasonable measures to economize. The workgroup may seek additional technical assistance and support from Headquarters and Area offices, although requests for support should be coordinated through the Office of the Director to ensure that no one organizational unit is overburdened.

TAB C

MARCH 2002

TRANSITIONS 2002

AN UPDATE TO INDIAN COUNTRY FROM THE RESTRUCTURING INITIATIVE WORKGROUP



The Charge and the Challenge

Inside this issue:

Special points of interest:

- *Working to make health service better for people back home*
- *Submit your views about how Federal, Tribal, and Urban operators continue to provide health care for the First Americans*
- *Contact Names & Addresses*
- *How to Submit Your Views*
- *Visit the www.ihs.gov website for more information*

The Charge

Working to make health service better for the people back home is the common message of Tribal Leaders participating on the Restructuring Initiative Workgroup. The Workgroup, formed in February 2002, is the second Tribally-dominated effort charged by IHS Director Dr. Michael H. Trujillo to "identify changes to the design of the Indian health care system that will best enable accessible and acceptable health care services for American Indians and Alaska Natives during the next 5 years."

This Workgroup will draft recommendations and propose them to the IHS and Indian people for consideration by June 1. The first restructuring effort was an 18-month process from 1995-1997 that started soon after Trujillo was confirmed as the IHS Director.

The earlier process was lead by the Indian Health Design Team (IHDT), a Tribal/Federal group of Indian health leaders, and resulted in 40 recommendations that were submitted to Indian health stakeholders for review and feedback. The 1995-97 process continued to be the source for many of the decisions related to organizational and structural changes and/or new ways of doing business that have occurred within the Indian health care system since 1995.

Healthcare systems must respond to change, the focus of this change is usually on the organization and financing of healthcare. Dr. Trujillo asked the new restructuring workgroup to review the whole picture of Indian health in today's environment and with consideration for future changes. The new workgroup is focusing on proposing recommendations that will position the Indian health care system to meet challenges for the next 5 years.

The Challenge

The Restructuring Workgroup must address the question: How will the operators of Indian healthcare programs continue to provide health care to the first Americans in a changing environment? It has been 6 years since the first stakeholder-owned redesign of the Indian healthcare system. It is a good time for Tribes and the IHS to reassess health needs and the healthcare delivery system, chart a transition course to keep up with current and expected changes and challenges, and pursue or create opportunities to address the challenges.

Restructuring Workgroup Members

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Confederated Salish and Kootenai Tribe
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Fax (406) 675-2806

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Modoc Indian Health Project
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Poarch Band of Creek Indians
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Portland Area Representative:
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National Congress of American Indians Representative:
Tex Hall, President
Chairman, Three Affiliated Tribes Ft. Berthold
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National Council of Urban Indian Health Representative:
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Fax (928) 871-5872
Douglas.Peter@mail.ihs.gov

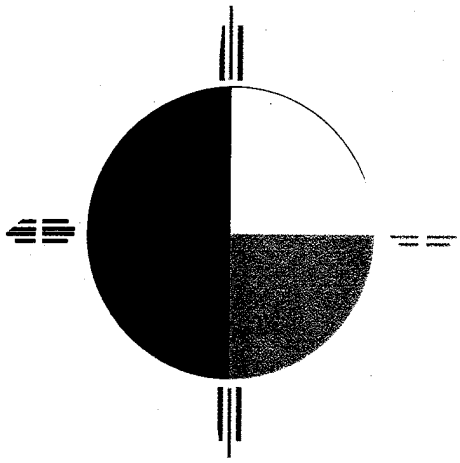
The Workgroup Membership

Indian Country is represented by the diversity, strength, and talent of 12 Tribal health leaders from each of the 12 IHS Areas and 4 nationally elected leaders of Indian organizations. Four Federal officials--two IHS Area Directors, one IHS Area chief medical officer, and one Headquarters executive--also serve on the Workgroup. The Tribal health leaders elected Joseph A. Moquino, Council Member, San Juan Pueblo, as the Tribal Co-Chair, and Kathleen R. Annette, M.D., Director, Bemidji Area IHS, was appointed by Dr. Trujillo as the Federal Co-Chair.

"We come here with something in common: caring about Indian people."

Dr. Kathy Annette
White Earth Chippewa
March 7, 2002

In Dr. Trujillo's opening remarks to the Workgroup members during their first meeting on February 5, he said, "Bring your personal experience and views to the table to share – your diversity is a strength."



The members are approaching their charge in an open-minded manner by viewing "restructuring" within a range of options and possibilities to make the Indian health care system serve American Indians and Alaska Natives better. In the Workgroup's first two meetings on February 5-7 in Bethesda, MD, and March 5-7 in Scottsdale, AZ, the members confirmed their charge, reviewed the appropriateness of the current IHS foundation, mission, and goal statements, and discussed the changes in Indian health care and the challenges that the environment will bring during the next 5 years.

"Ensure that the systems out in the communities benefit the patient."

Gregg Bourland, Chairman
Cheyenne River Sioux
March 5, 2002

In upcoming meetings, the members will be proposing opportunities, evaluating options, and forming a report to Indian Country and recommendations to the IHS.

In addition to the Workgroup membership that is more representative of Indian Country leaders rather than Federal officials, key stakeholders will also be included in reviewing and recommending any changes that would affect them. The purpose of this inclusive process is to assure a way of addressing stakeholder-owned problems and issues and to provide stakeholder-owned solutions.

"The first design team was a sentinel group. It set the groundwork for how IHS conducts work. It was a new process. We learned that IHS was an agency there for us."

Buford Rolin, Council Member
Poarch Band of Creek Indians
February 5, 2002

"When Indian people back home have problems, they go to their Tribal Chairman. So we have to be Tribal leaders that are intent on representing the Indian people back home who need and get the health care."

Felix Ike, Chairman
Te-Moak Tribe of Western Shoshone
March 6, 2002

You can contribute, too, by contacting any of the Workgroup members on page 4 or by visiting the IHS website at http://www.ihs.gov/nonmedicalprograms/ihdt2/

Website for information

WWW.IHS.GOV
- Select: **Nation-wide Programs**
- Select: **Restructuring Initiative**

Mail comments suggestions to:

Any of the Workgroup Members on page 4

E-Mail comments suggestions to:

RIW@MAIL.IHS.GOV

DEPARTMENT OF
HEALTH & HUMAN SERVICES
Suite 440
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Indian Health Service
Rockville, MD 20852

Official Business
Penalty for Private Use $300

Address Correction Requested

TAB D

DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Service

Indian Health Service
Rockville MD 20852

TO: Director

FROM: Co-Chairs
Restructuring Initiative Workgroup

SUBJECT: Restructuring Initiative Workgroup Continuity and Coordination with other Workgroups--ACTION

The Restructuring Initiative Workgroup (RIW) has concluded two of five scheduled meetings. At the first meeting, you provided a workgroup charge and invited us to make suggestions after we had an opportunity to consider the issues.

ISSUE

After reviewing both the long-term forces affecting Indian health care and Secretary Thompson's "one-HHS" restructuring plans, we have identified several concerns and are recommending adjusting the RIW process and timeframe.

DISCUSSION

The Workgroup members identified the following concerns.

- The charge to specify how Indian Health Service (IHS) should look like in the next five years is an immensely complex task that we cannot fully complete in a 3-month timeframe.
- It is difficult to assemble required data and perform the necessary technical analysis in the limited time available.
- It is impractical during such a short timeframe to obtain comprehensive Tribal consultation that is expected and required by the IHS Tribal consultation policy.
- The IHS has created a number of other concurrent workgroups and initiatives, e.g., Business Plan Workgroup (BPW), Information Systems Advisory Committee (ISAC), "wrap-around" initiative, IHS Strategic Plan Workgroup, and

others which appear to overlap, in part, our charge and may result in confusion, coordination problems, and unnecessary duplication.

- Participation by Tribal Leaders in so many concurrent workgroups is overextending their invaluable time.

RECOMMENDATION

We acknowledge the very tight schedule to coordinate "one-HHS" restructuring plans with IHS budget formulation, therefore, we recommend that you indicate support for our submission of initial recommendations to you addressing, as a minimum, HHS restructuring plans as you requested in the workgroup charge by June 1 by initialing on the "Approved" line below.

DECISION

Approved _____ Disapproved _____ Date _____

RECOMMENDATION

We recommend that you indicate your support for a 4-month extension of the RIW by initialing on the "Approved" line below. The extension (July - October, will allow the RIW to address a broader 5-year plan for the IHS and to more thoroughly develop the restructuring plans. We anticipate meeting monthly through May to develop our initial recommendations and we request two additional meetings sometime from July through October to complete the charge.

DECISION

Approved _____ Disapproved _____ Date _____

RECOMMENDATION

We recommend that you indicate your support for linking the BPW, ISAC, and other workgroups, as appropriate, under the umbrella guidance from in the RIW by initialing on the "Approved" line below. In addition to their original responsibilities, the workgroups will plan operational/technical details of restructuring options, especially 5-year options, under the broad guidance from the RIW. This linkage will reduce

duplication, promote a coordinated approach, provide representative Tribal Leadership, and reduce time demands on busy Tribal Leaders.

DECISION

Approved _____ Disapproved _____ Date _____

RECOMMENDATION

We recommend that the BPW membership be constituted to focus on substantive expertise to staff out operational details of options from the RIW. Please indicate your support for this recommendation by initialing on the Approved line below.

DECISION

Approved _____ Disapproved _____ Date _____

RECOMMENDATION

We recommend that the IHS reimburse travel and similar support costs for four Tribal technical support staff to the RIW. Please indicate your support for this recommendation by initialing on the "Approved" line below.

DECISION

Approved _____ Disapproved _____ Date _____

Joseph A. Moquino
Council Member, San Juan Pueblo
Tribal Co-Chair

Kathleen R. Annette MD

Kathleen A. Annette, M.D.
Director, Bemidji Area
Federal Co-Chair